

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2642	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Matthew D Iceb P.O. Box, Bldg., Room No., if any 20th Floor Street 1430 Broadway City New York State New York ZIP Code + 4 10018	4. Name, file number, and address of labor organization. Name IATSE Labor Organization File Number 000-172 P.O. Box, Building and Room Number, if any Street 1430 Broadway City New York State New York ZIP Code + 4 10018
5. Position in labor organization. VP; Division Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

1/29/05
Date

212-730-1770

Telephone Number

Name of Person Filing Matthew Lceeb

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Salibello & Broder

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6500 Wilshire Blvd.

City Los Angeles

State California ZIP Code + 4 90048

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IATSE National Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 5th Floor

Street 59 West 39th Street

City New York

State New York ZIP Code + 4 10018

11.a. Nature of such dealing.

Sponsor - Musicians Charity Golf
10/18/04

11.b. Approximate dollar value of such dealing.

\$65

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing Matthew Loeb	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pacificare Behavioral Health</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 400</p> <p>Street 5990 Sepulveda Blvd</p> <p>City Van Nuys</p> <p>State California ZIP Code + 4 91411</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>11.a. Nature of such dealing.</p> <p>Lunch</p> <p>12/9/2004</p>
	<p>11.b. Approximate dollar value of such dealing. \$35</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Matthew Loeb	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delta Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12898 Towne Center Dr</p> <p>City Cerritos</p> <p>State California ZIP Code + 4 90703</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>11.a. Nature of such dealing.</p> <p>Golf</p> <p>10/19/04</p>
	<p>11.b. Approximate dollar value of such dealing. \$75</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Matthew Loeb	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Geffner & Bush</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 3500 West Olive Avenue</p> <p>City Burbank</p> <p>State California ZIP Code + 4 91505</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Lunch 7/20/04</p> <p>11.b. Approximate dollar value of such dealing. \$60</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing Matthew Loeb

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Geffner Bush

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3500 West Olive Avenue

City Los Angeles

State California ZIP Code + 4 91505

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lunch
4/16/04

11.b. Approximate dollar value of such dealing.

\$33

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Matthew Loeb

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Geffner Bush

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3500 West Olive Avenue

City Burbank

State California ZIP Code + 4 90505

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lunch
10/15/04

11.b. Approximate dollar value of such dealing.

\$89

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Matthew Loeb	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Geffner Bush</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>3500 West Olive Avenue</u> City <u>Burbank</u> State <u>California</u> ZIP Code + 4 <u>91505</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Holiday Gift - Wine</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>\$101</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing Matthew Loeb

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Spivak Lipton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1700 Broadway

City New York

State New York ZIP Code + 4 10019

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lunch
4/29/04

11.b. Approximate dollar value of such dealing.

\$25

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Matthew Loeb	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IATSE National Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 59 West 39th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>11.a. Nature of such dealing.</p> <p>2004 In'l Foundation Employee Benefit Plan dues 2005 In'l Foundation Employee Benefit Plan dues Meals at meetings (Trustees - 12/7/04, Contract Review 12/6/04,</p>
	<p>11.b. Approximate dollar value of such dealing. \$246</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>